

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

10523603

1 Date of Request: _____		2 Serial/Patent # _____	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
7 TOTAL AMOUNT OF REFUND			\$

10 REASON:	8 TO BE REFUNDED BY:							
Overpayment	Treasury Check							
Duplicate Payment	Credit Deposit A/C #:							
No Fee Due (Explanation):	<div style="display: flex; align-items: center;"> 9 <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">--</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div>			--				
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11 REFUND REQUESTED BY:	TITLE:
TYPED/PRINTED NAME: _____	Repln. Ref: 07/25/2005 PKIDWELL 0014500800
SIGNATURE: _____	DATE: _____
OFFICE: _____	PHONE: Name/Number: 10523603
<div style="display: flex; justify-content: space-between;"> FC: 9294 \$500.00 CR </div>	

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**